



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION

Town of AUGUSTA
Property Owner's Name: Bonnie Cunningham Tel. No.: 207 446 4889
System's Location: 131 YOUNG ROAD TAX MAP 72 LOT 5 8+8A
Property Owner's Address: P.O. Box 844, AUGUSTA, ME Zip Code 04332
e-mail address: _____

The subsurface wastewater disposal system design for the subject property requires a ☒ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☒ local approval ☐ local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)

1. ALLOW 3' HILL EXTENSION SLOPE
2. ALLOW WASTEWATER SEWER TANK & PUMP CHAMBER 65' FROM POND
3. ALLOW DISPOSAL BED 9' FROM PROPERTY LINE
4. ALLOW SEWER TANK 40' FROM OWNER'S WELL

SECTION OF RULE

SECTION B D L C (p. 77)
TABLE 8A
TABLE 8A
TABLE 8A

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

ENCLOSURE PERMIT APPLICATION IS A REASONABLE ALTERNATIVE FOR SUBSURFACE WASTEWATER DISPOSAL SYSTEM FOR YEAR ROUND SWELLING IN SHARPLESS ZONE.

I, JOHN W. LOAN JR, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

SIGNATURE OF SITE EVALUATOR

DATE

PROPERTY OWNER

I, Bonnie Cunningham, am the ☐ owner ☐ agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

☐ SIGNATURE OF OWNER
☐ AGENT FOR THE OWNER

DATE

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Gary R. Fritzsche, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☒ do ☐ do not) approve the requested variance. I (☐ will ☐ will not) issue a permit for the system's installation as proposed by the application.

Gary R. Fritzsche
LPI Signature

8/8/16
Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☐ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

Date

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (☐ does ☐ does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

Soil Profile	CHARACTERISTIC	POINT ASSESSMENT
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65

PF 8/8/16

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	AUGUSTA	AUGUSTA PERMIT #7271 Date Permit Issued: 8/8/16 TOWN COPY \$250.00 fee 15.00 LPI # 850	
Street or Road	131 YOUNG ROAD		
Subdivision, Lot #	157212		
OWNER/APPLICANT INFORMATION		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. Yany R. Fuller Local Plumbing Inspector Signature (1st) date approved 8/23/16 (2nd) date approved	
Name (last, first, MI)	CUNNINGHAM, BONNIE		
Mailing Address of	P.O. BOX 844		
Owner/Applicant	AUGUSTA, ME 04332		
Daytime Tel. #	207 446 4889		
OWNER OR APPLICANT STATEMENT I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit. Bonnie Cunningham 8-8-16 Signature of Owner or Applicant Date			
PERMIT INFORMATION			
TYPE OF APPLICATION		THIS APPLICATION REQUIRES	
<input type="checkbox"/> 1. First-Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>WOOD TRENCH</u> Year installed: <u>1970</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <u>25%</u> Expansion <input type="checkbox"/> b. <u>25%</u> Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion		<input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	
SIZE OF PROPERTY <u>0.83</u> <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES		DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components	
		EXISTING TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other	
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL		DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>1107</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>B/C</u> at Observation Hole # <u>TP1</u> Depth <u>15</u> " of Most Limiting Soil Factor		GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	
		EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	
		DESIGN FLOW <u>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA	
		LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N 44</u> d <u>19</u> m <u>50.3</u> s Lon. <u>W 69</u> d <u>39</u> m <u>41.8</u> s If g.p.s., state margin of error: <u>2'</u>	
SITE EVALUATOR STATEMENT			
I certify that on <u>8/2/16</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241) <u>AS PER VARIANCE.</u>			
Site Evaluator Signature <u>John W. Load, Jr.</u>		SE # <u>168</u> Date <u>8/3/16</u>	
Site Evaluator Name Printed		Telephone Number <u>207 445 3402</u> E-mail Address <u>Twloadjr@gmail.com</u>	
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. <u>DESIGN SUBJECT TO LOCAL, STATE & FEDERAL ORDINANCES</u>			

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, STS 11
(207) 287-5338 FAX (207) 287-3165

Town, City, Plantation

Augusta

Street, Road, Subdivision

131 Young Road

Owner or Applicant Name

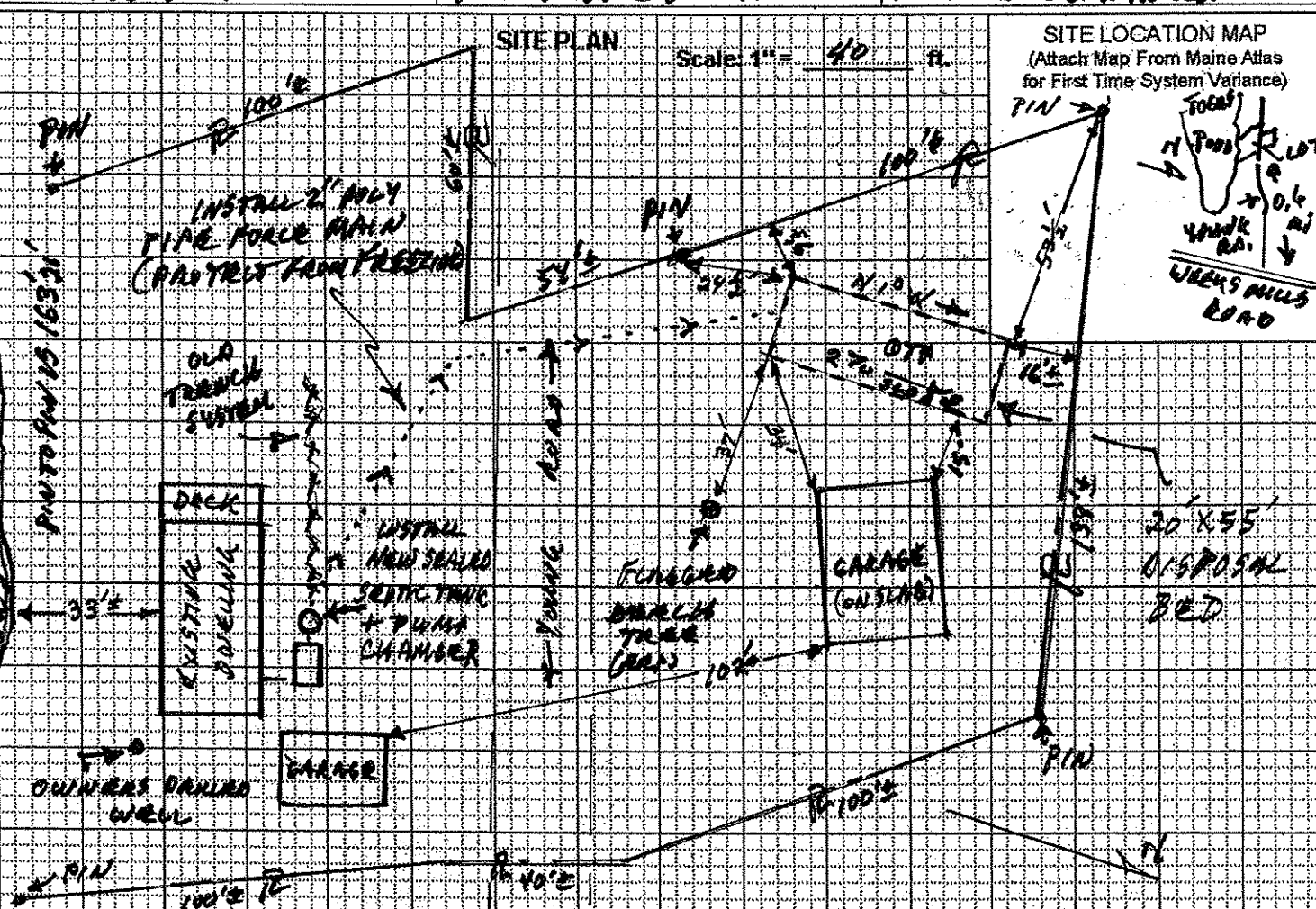
BONNIE CUNNINGHAM

SITE PLAN

Scale: 1" = 40' ft.

SITE LOCATION MAP

(Attach Map From Maine Atlas for First Time System Variance)



Observation Hole # 1 ☒ Test Pit ☐ Boring

Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
0			
6	Silt	10YR 4/3	
12	Loam	10YR 4/6	
18			
24	Silt	5Y 5/2	Concreted
30	Clay		Distinct
36	Loam		
42			
48			
Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth
B	C	2	15
			<input checked="" type="checkbox"/> Groundwater
			<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock

Observation Hole # ☐ Test Pit ☐ Boring

Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
0			
6			
12			
18			
24			
30			
36			
42			
48			
Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth
			9
			<input type="checkbox"/> Groundwater
			<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock

Site Evaluator Signature

SE #

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, STS 11
(207) 287-5338 FAX (207) 287-3165

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

131 YOUNG ROAD

Owner or Applicant Name

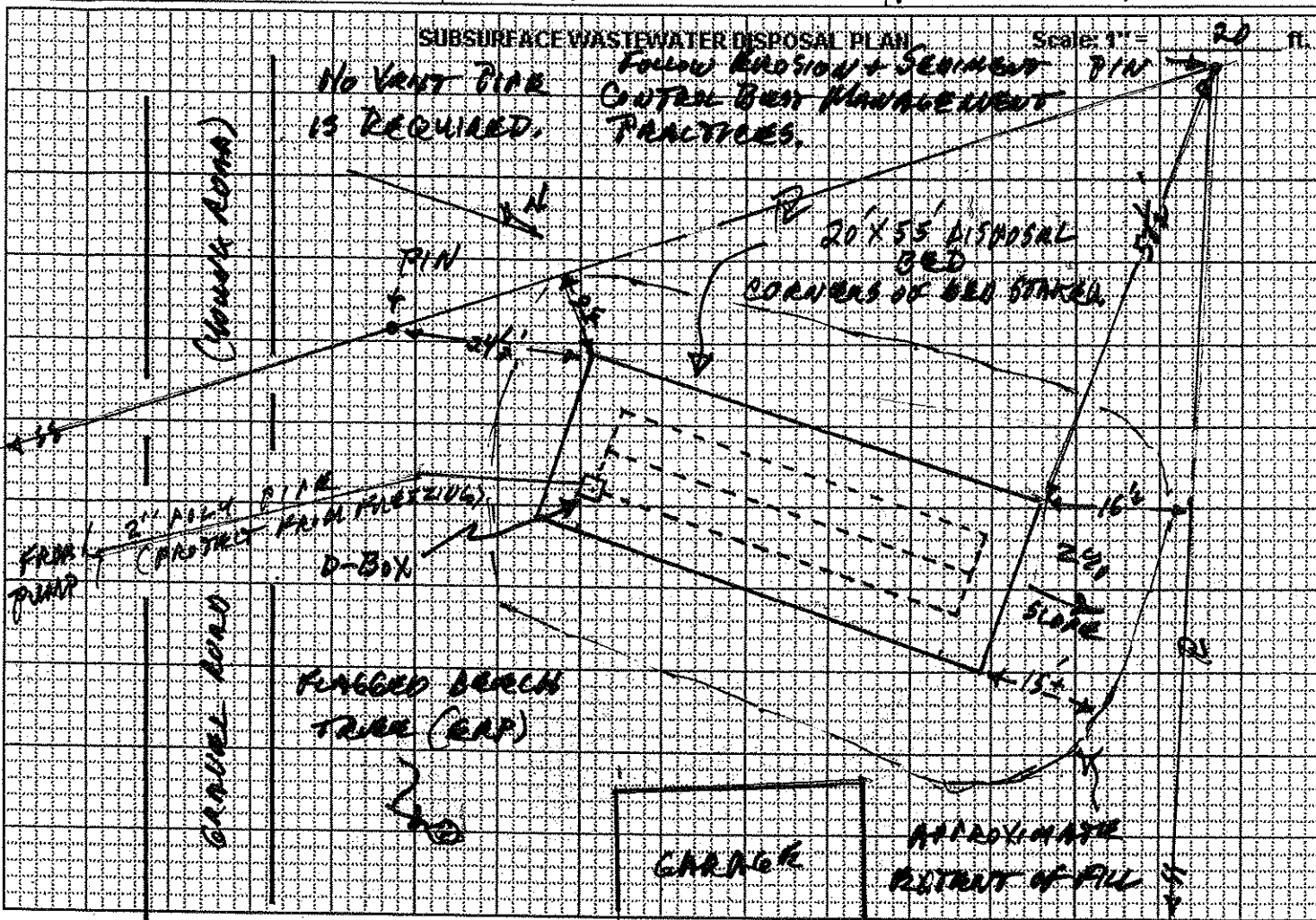
BONNIE CONNORHAM

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft.

NO VENT PIPE
IS REQUIRED.

FOLLOW EROSION + SEDIMENT
CONTROL BEST MANAGEMENT
PRACTICES.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 21"

Depth of Backfill (downslope) 34±"

DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -36"

Top of Distribution Pipe -49"

Bottom of Disposal Field -60"

ELEVATION REFERENCE POINT (ERP)

Location & Description: FLAGG CANAL IN

BEECH TREE 34" ABOVE GRADE AT

Reference Elevation is: 0.0" X TREE

DISPOSAL FIELD CROSS-SECTION

Scales:

Vertical: 1" = N/A ft.

Horizontal: 1" = N/A ft.

(SEE ATTACHED BED DIAGRAM)

[Signature]
Site Evaluator Signature

168
SE #

8/3/16
Date

FOR: Bonnie Cunningham

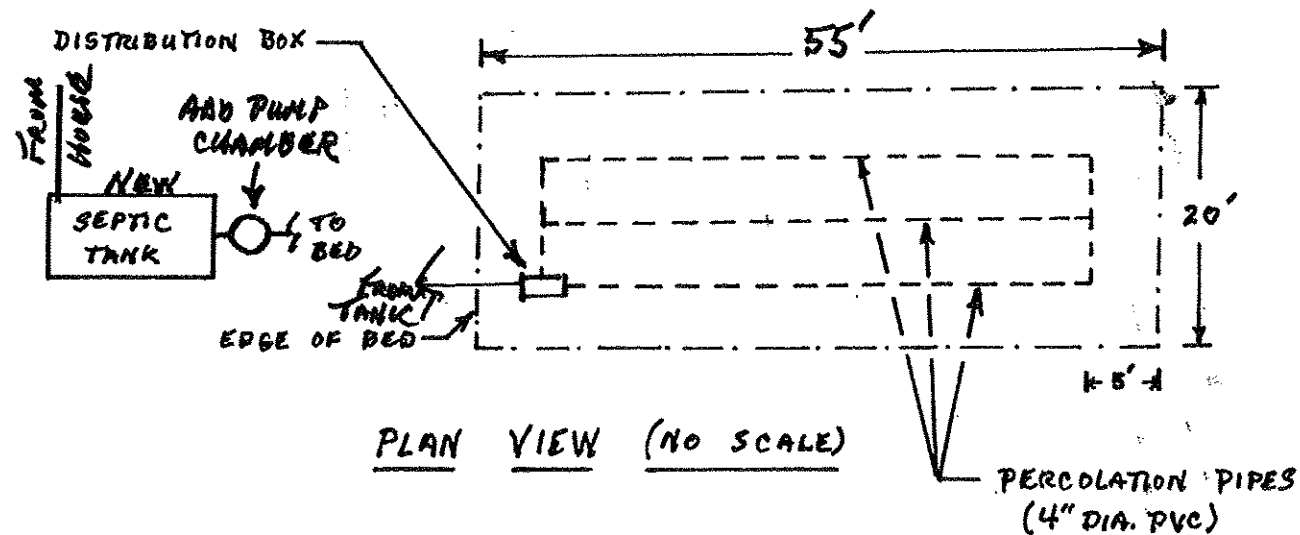
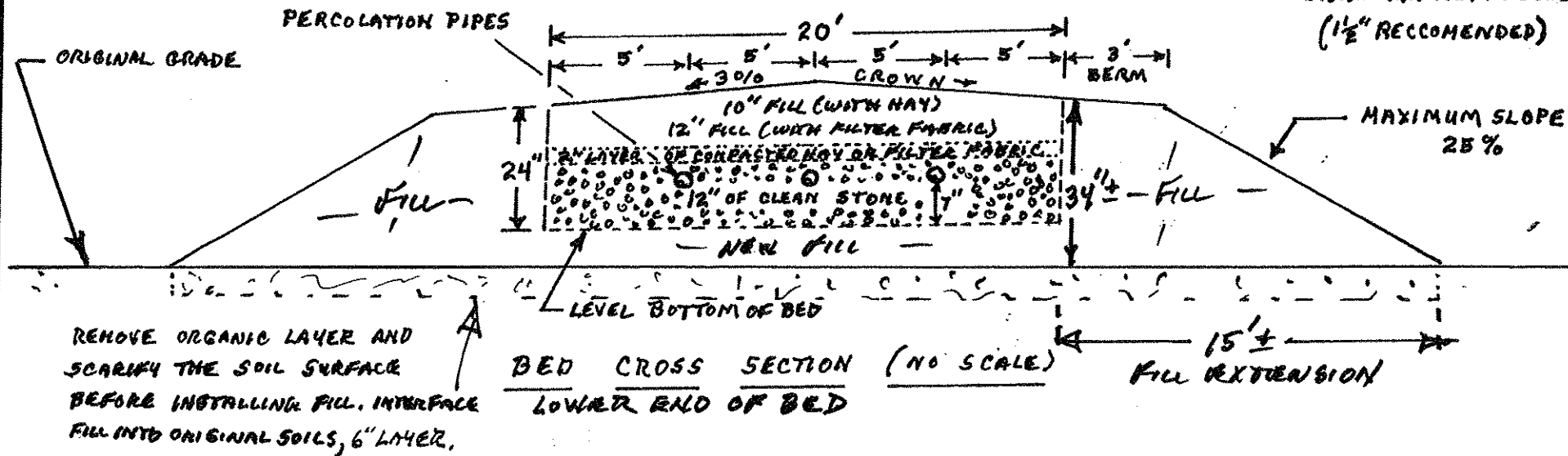
DATE: 8/3/16

BY: JOHN W. LORD, JR. S.E.#168

4" LOAM +
MULCH TO COVER.

• SEWAGE DISPOSAL BED DETAILS •

BED REQUIRES CLEAN
STONE UNIFORM IN SIZE.
(1 1/2" RECOMMENDED)



NOTES

- 1.) 31 INCHES OF FILL IS REQUIRED AT UPHILL SIDE OF BED.
- 2.) TEXTURE OF FILL SHALL BE GRAVELLY COARSE SAND.
- 3.) REFER TO MAINE SUBSURFACE WASTE WATER DISPOSAL RULES FOR FURTHER DETAILS REGARDING INSTALLATION PROCEDURES.